

WE APPRECIATED YOUR SUPPORT OF OUR PLAYGROUND, BUT NEED TO BRING THE FOLLOWING ITEMS TO YOUR ATTENTION:

- 1. Please make sure the rocks around the perimeter of the pavilion are not thrown in the grass or removed.
- 2. Please use the water fountain for **drinking only**. Wash hands etc. in restrooms. **Keep floors as dry as possible**.
- 3. When using party decorations, please **remove remainder** of balloons, strings, tape, etc. Discard properly.
- 4. Please monitor children closely when in the restrooms.
- 5. With the large number of groups attending the Pavilion our trash receptacles fill up quickly. Therefore, please bring enough trash bags with you to accommodate your group.
- 6. If a child gets sick and makes a mess in the restroom, or anywhere on the playground or pavilion, and you need assistance in cleaning it up, please contact City Hall, so it can be cleaned up quickly.
- 7. Please monitor children so that they do not climb on the railroad cars (especially the roofs) and get hurt.
- 8. **Skateboarding, bicycling or any similar activities** are prohibited in or around the pavilion.
- 9. If you find it necessary to keep tablecloths from blowing away, please use tape and remove when finished. **Do not use staples, or any kind of tacks,** as children have been injured by them.
- 10. Please do not use any kind of spray paint, silly string, chalk or anything that resembles graffiti, inside or around pavilion, restroom or the playground.
- 11. Vandalism or destruction of City of Collegedale property will not be tolerated.
- 12. Please remember that part or our education is learning to **clean-up after ourselves**, and to be responsible for our environment.
- 13. No Inflatables of any kind are not permitted.
- 14.No refunds. Rescheduling only.

Please call us at 423-396-3135 ext. 11 if you have any questions or if we can be of any assistance.

THIS IS A NON-SMOKING FACILITY.

City of Collegedale

4910 Swinyar Dr. PO Box 1880 Collegedale, TN 37315 423.396.3135

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize the City of Collegedale to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I(full name)	authorize the	City of Collegedale to	charge my credit card
account indicated below for _	on	(today's date)	. This payment is for
a Pavilion Rental on(date o	fromfrom	time 10a-1p, 2p-5p, or 6p	. - 9p)
Billing Address		. Phone#	
City, State, Zip		_ Email	
Account Type:	☐ MasterCard	Discover	
Cardholder Name			
Account Number			
Expiration Date			
CVV2 (3 digit number on back	6) (an Combac AMEV)	

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

DATE _

SIGNATURE



CITY OF COLLEGEDALE HOLD HARMLESS AGREEMENT/WAIVER

The undersigned,	, who has been given p	permission by the City of
	lity user) hity Center/Pavilion for	activities,
	(activities) (acti	ty)
allowing the facility user the privilege	of using the Fuller Community Center/Pa	avilion and its
facilities. In consideration of the privi	ilege of using the Fuller Community Cent	er/Pavilion of the City of
Collegedale, I/we the facility user, her	reby assume the risk for injuries that may	be sustained
in pursuit of activities and its officers	and employees, from any actions, suites, o	damages, claims, or
judgments that may result from any pe	ersonal injury or other damages sustained	while on the premises of
the City of Collegedale, or using the e	equipment of the City of Collegedale, both	while using the facility
specified above. I/we facility user fur	ther relieve the City of Collegedale, and it	ts officers and employees
from any liability for loss or damage to	to any personal property that may be dame	aged, lost or stolen while
on the premises.		
IN WITNESS WHEREOF, I/we, the f	facility user, have executed this release on	this day of
, 20		
Facility user signature	Facility user n	name-Please Print
Witness	Phone #	

PLEASE SEND COMPLETED FORM TO JAMIE @ JBIALESCHKI@COLLEGEDALETN.GOV OR FAX 423.396.3138